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JC921 U.S. PTO

Docket Number TN1A CIF

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL750820078US
Express Mail Label NumberMay 3, 2001
Date of DepositJC978 U.S. PTO
09/848448

05/03/01

Address to: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET**Transmitted herewith for filing under 37 CFR §1.53(b)(2) is a **continuation-in-part** of prior Application No. 09/735,059, filed December 12, 2000.

Applicant (or identifier): ISMAT ULLAH, GARY J. WILEY

Title: HIGH DRUG LOAD ACID LABILE PHARMACEUTICAL
COMPOSITION

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 23 pages
2. ☐ Drawings - sheets
3. Declaration and Power of Attorney
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (signed or with indication that original was signed)
 - i. ☐ Deletion of Inventors
Signed statement attached deleting inventor(s) named in the prior application
4. ☐ Incorporation By Reference
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. ☐ Microfiche Computer Program (appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
7. ☐ Preliminary Amendment
8. ☐ Assignment Papers (Cover Sheet & Document(s))
9. ☐ English Translation of
10. ☐ Information Disclosure Statement
11. ☐ Certified Copy of Priority Document(s)
12. ☒ Return Receipt Postcard
13. ☐ Other:

- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 09/735,059 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

09/848448-050301

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Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee							\$	710
Multiple Dependent Claim Fee (\$ 270)							\$	
Foreign Language Surcharge (\$ 130)							\$	
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	53	-20	33	x	\$ 18	=	\$ 594
	Independent Claims	5	-3	2	x	\$ 80	=	\$ 160
TOTAL FILING FEE							\$	1,464

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1,464. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to:

Bristol-Myers Squibb Company
Patent Department
P.O. Box 5100
Wallingford, CT 06492-7660

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to 203-677-6900.

Respectfully submitted,



Scott Alexander McNeil
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Date: